Complete the following action items for a successful leave of absence.

**Before Leave of Absence**
- Call CIGNA to report your claim at 800.351.3510.*
- Review the Leave of Absence (LOA) Policy HR 29 and Short-Term and Long-Term Disability Policy HR 26 and the material included in this packet.
- Talk with your manager about your Leave of Absence and return the completed FML/LOA Information Form to him/her (included in this packet).
- Complete, sign, and fax the included Disclosure Authorization form to CIGNA (see fax coversheet for the applicable fax number at the end of this packet)
- Register for MARS Home Access—from the Houston Methodist network, go to the Houston Methodist Intranet and click on MARS Home Access. Login with your Houston Methodist Network ID and password. Enter your mobile phone number, answer 5 security questions and click Update.
- Contact HR Employee Transportation at AskParking@houstonmethodist.org or 713.441.6283 to cancel your parking or commuter election. Deductions will continue until you cancel.

**During Leave of Absence**
- Call CIGNA at 800.351.3510 and your manager to let them know you have begun Short-Term Disability/Leave of Absence.
- Stay in-touch with your CIGNA STD Claims Manager to ensure he/she has everything they need from you or your physician to medically support your claim.
- Contact your CIGNA STD Claims Manager if you want to receive Supplemental PTO.
- Call your manager on a weekly basis (or as arranged) regarding your current return to work status.
- Submit a life event in MARS to add your child within 60 days of their adoption/birth, if applicable.
- Report address and phone number changes to the HR Hub and CIGNA to ensure that you will receive benefits communications and payments**.

**After Leave of Absence**
- Follow your entity’s return to work/clearance process. Contact your HR Generalist for more information.
- Call CIGNA at 800.351.3510 to report your return to work.

*You must call CIGNA first before faxing any paperwork. Additionally, be advised that there may be other steps you need to take during the entire STD/LOA process to avoid missing deadlines and to ensure that you receive all benefits to which you are entitled.

**If benefit premiums are not taken from your PTO or STD payments, you will receive information on how to pay your benefits after 2 to 3 pay periods of missed deductions.
How do I report a disability claim?

Simply do one of the following:

› Call toll-free 800.351.3510 or 866.562.8421 (Español) between 7:00 am and 7:00 pm CST. A representative will walk you through the process.

› fill out a claim form online at Cigna.com/customer-forms using the following steps:
  - Click "Select Disability/Accident/Life/Critical Illness Forms"
  - Click “Submit a Disability Claim”
  - This will bring you to the disclosure notice page
  - Review and click “Continue” at the bottom of the page
  - A pop up box will appear that says “Hit the continue button if you have read the above fraud language and wish to continue to file a claim”
  - Click "Continue"
  - Click “Submit a Disability Claim Online” to begin

When do I report a claim?

› Contact your employer on or before your first day out of work. Tell them when and for how long you plan to be absent.

› If you know you will be out for more than seven days in a row, call us at 800.351.3510. Make sure you call us before your seventh day out of work so we can begin reviewing your claim.

What information do I need?

Before you call or go online, please have this information handy:

› Your name, address, phone number, birth date, Social Security number and email address

› Employment information, such as date hired and job title

› The reason for your claim - illness, injury or pregnancy

› Description of your illness, symptoms and/or diagnosis. Include the date your symptoms first appeared and if you have had these symptoms before

› Workers’ compensation claims you have filed or plan to file

› Details about doctor, hospital or clinic visits, including dates and contact information

What happens next?

During the call, we will ask for your permission to get your medical information. Here is how it works.

› After you give us your claim information, you will be transferred to a recorded message.

› Listen to the recording and answer “Yes” or “No” to the questions.

If you need immediate medical attention, please call 911.

Cut and carry for easy reference

How to report a disability claim: 800.351.3510 or 866.562.8421 (Español).
Visit: Cigna.com/customer-forms

Please have this information handy

› Your name, address, phone number, birth date, Social Security number and your date of hire, employer’s name, address and phone number

› Date of your claim and when you plan to return to work. If you are pregnant, give your expected delivery date

› Name, address and phone number of each doctor you are seeing for this absence
At the end of the recording, say “Yes” if you give permission or “No” if you do not.

You can cancel your permission at any time by calling your Cigna claim manager.

After the call, Cigna will send you a letter. It will include a copy of the recorded message for your records. It will also include a form that gives us permission to get other information we may need to finish processing your claim. Please sign and return that form. Check with your doctor to see if there are any other forms you need to sign.

A Cigna claim manager will call you and your employer for a list of your job requirements. The claim manager will also call your doctor for your medical records. This information will help us figure out how long you may be out of work, and the benefits you may be able to receive.

What if I cannot return to work on the date my disability benefits end?

Call your Cigna claim manager to talk about the situation and learn about your options.

Call your employer to let them know when you plan to return to work.

What should I do when it is time to return to work?

Call your employer and Cigna claim manager to let them know the date you will be returning to work.

What if I need more information?

Cigna has a website that provides useful information for you and your family members — from submitting a disability claim and what comes next, to what you need to know about FML, to information that can help you manage a specific condition at work, and even how to access valuable programs offered with your plan at no additional cost to you. Please visit the website at Cigna.com/workwellness.

Questions?

Call 800.351.3510 or 866.562.8421 (Español). A Cigna representative is available to help you between 8:00 am and 5:00 pm CST.

What happens if my claim is approved?

Cigna will send you an approval letter that gives you an explanation of your benefits. You may also get a recorded call from Cigna with this information.

Cigna will coordinate payment of your benefits as soon as possible.

Cigna will tell your employer that we approved your claim, and the date you plan to return to work.

What happens if my claim is denied?

Cigna will send you a letter that explains why. The letter will also tell you how you can appeal the decision.

Cigna will let your employer know the claim is denied.

You should call your employer when you get the letter to discuss your return-to-work date.

What can I expect while I am out?

Your Cigna claim manager will stay in touch to help you return to work quickly and safely. We may work with you, your doctor and your employer to talk about different work options. This may include an adjustment to your job or work schedule, your employer may also call you to check on your progress and offer support.
The Houston Methodist Short-Term Disability Plan is administered by CIGNA Insurance. We hope that you never have to deal with a serious injury or illness, but you never know when this might occur. The following information should answer some of your questions concerning STD. If not, contact the HR Hub at 832.667.6211 or hrhub@houstonmethodist.org for more information.

**What is Short-Term Disability (STD)?**
STD is a benefit provided by Houston Methodist at no cost to eligible employees. It provides partial income replacement if you are disabled related to a major illness or injury.

**Who is eligible?**
Employees with weekly Standard Hours of 20 or more, and are not classified as temporary or PRN.

**What is a Qualifying Disability?**
A qualifying disability is any change in your physical or mental condition due to an illness or injury, including pregnancy, which prevents you from being able to perform the essential functions of your job.

**What is the Elimination Period?**
The elimination period is seven consecutive calendar days you are absent due to an illness or injury. You will be paid from your PTO Balance for any scheduled days of work that you miss during this period.

**Why is my STD claim not yet approved?**
The most common reason LOA, FML or STD claims are not approved is because:
- Cigna needs information from you and/or
- Cigna has not received the necessary information needed to approve your claim from your health care provider

Follow up with your Claims Manager and contact your health care provider to provide the necessary information. Also, ensure Cigna has the correct contact information for your health care provider.

**Can I use PTO to supplement my STD pay?**
You may supplement your disability pay up to 100% with available PTO hours. You will be paid Supplemental PTO for any week (Sunday through Saturday) in which you have been paid only through your STD benefit. Contact your CIGNA STD Claims manager to receive Supplemental PTO.

**Who administers this benefit? Who pays me?**
While your STD benefit is now paid through your Houston Methodist pay check, Cigna still administers this benefit for us. Should you have questions about your approval status, the amount you will be paid, etc., please contact Cigna at 800.351.3510 and they will be happy to assist you.

**When does STD end?**
STD benefits end when one of the following happens:
- You return to work and are no longer certified as disabled
- You have received STD benefits for a maximum period of 25 weeks and then qualify for LTD benefits
- You refuse to have an independent medical exam, when requested
- You start an approved leave of absence (other than an approved medical leave of absence)

---

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible Employees</td>
<td>Weekly standard hours of 20 or more (and not classified as temporary or PRN)</td>
<td>1st day of employment</td>
<td>91st day of employment</td>
</tr>
<tr>
<td>Eligibility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefit (Benefits are less other income replacement benefits)</td>
<td>• 100% of weekly base salary for each completed year of service, up to a maximum of 12 weeks</td>
<td>• 50% of weekly base salary until 1-year anniversary</td>
<td>• 50% of weekly base salary until 18-month anniversary</td>
</tr>
<tr>
<td></td>
<td>• 66 2/3% of weekly base salary after that</td>
<td>• 66% of weekly base salary after 1-year anniversary</td>
<td>66% of weekly base salary after 18-month anniversary</td>
</tr>
<tr>
<td>Waiting Period</td>
<td>Seven calendar days before benefits can begin</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---
How do I request Supplemental PTO?—to request Supplemental PTO you must contact CIGNA at 888.842.4462 and speak with your STD Claims Manager.

When is Supplemental PTO paid to me?—Supplemental PTO is paid the week of off-cycle payroll by Houston Methodist.

How does Houston Methodist know I want Supplemental PTO?—Members of the HR Benefits team pull reports from CIGNA system, determine if you are eligible and then send a CI or spreadsheet to HR Payroll containing the data of those employees eligible to be paid.

When am I eligible to receive supplemental PTO?—any week (Sunday through Saturday) in which you have been paid only through your STD benefit (unless you are receiving a 100% STD Benefit). Below is an example to help you understand this point:

### 2018 JANUARY

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
</tr>
<tr>
<td>08</td>
<td>09</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>First full scheduled day absent</td>
<td>STD elimination period begins</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>STD elimination period ends</td>
<td>STD benefit begins paying</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>23</td>
<td>24</td>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td></td>
<td>STD benefit continues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>29</td>
<td>30</td>
<td>31</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>STD benefit continues</td>
<td>Eligible for supplemental PTO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>08</td>
<td>09</td>
</tr>
<tr>
<td>STD benefit continues</td>
<td>Eligible for supplemental PTO</td>
<td></td>
<td></td>
<td></td>
<td>Return to work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Houston Methodist Human Resources | hrhub@houstonmethodist.org | 832.667.6211 | myHR.HoustonMethodist.org
Family Medical Leave (FML) and/or Leave of Absence (LOA) Information Form
(Employee to complete and return to Manager)

Employee Information (Please Print)

<table>
<thead>
<tr>
<th>Name Last</th>
<th>First MI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee ID Number</th>
<th>Cell Phone</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Date Absent:</th>
<th>Anticipated Return to Work Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Basic FML Entitlement and Employee Responsibilities

Eligible employees are entitled under the Family and Medical Leave Act (FMLA) to up to 12 weeks of unpaid, job-protected leave for certain family and medical reasons (480 hours if used intermittently). Submit this request form to your supervisor at least 30 days before the leave is to commence, when foreseeable. When submission of the request 30 days in advance is not foreseeable, submit the request as early as possible. The employer reserves the right to deny or postpone leave for failure to give appropriate notice when such denial/postponement would be permitted under federal law.

Reason for Leave

- □ Birth* (Expected delivery date) ___________________________
- □ Adoption/Foster Care/Baby Bonding* __________________________
- □ Personal Serious Health Condition – Continuous Leave* _________
- □ Personal Serious Health Condition – Intermittent Leave* ______
- □ Family Member Serious Health Condition – Continuous Leave* ______
  Relationship: _______________________________________________
  If family member is a child, provide age: ________________________
- □ Family Member Serious Health Condition – Intermittent Leave* ______
  Relationship: _______________________________________________
  If family member is a child, provide age: ________________________
- □ Family Military Leave - Qualifying Exigency* (provide detail below) _________________________________________________
  Relationship: _______________________________________________
- □ Family Military Leave - Service Member Medical Care* _________
  Relationship: _______________________________________________

* Contact CIGNA at 800.351.3510 to call in your LOA and to obtain information on any required actions for your LOA to be approved.

Employee Acknowledgement

I understand that:
- A Leave of Absence request for illness or injury is a medical leave of absence and must be supported with a completed Certification of Healthcare Provider form.
- A Short Term Disability claim must be filed for my own illness or injury if eligible.
- Failure to return to work at the end of an authorized leave will result in termination of employment, unless I have a reason acceptable to Houston Methodist for my inability to return.
- A good faith effort will be made to reinstate any employee who wishes to return from a Leave of Absence. However, re-employment is not guaranteed (FMLA and Military LOA are exceptions).

During my continuous Leave of Absence, I understand that:
- I am to call my manager weekly or as arranged about my current work status.
- I will not accrue PTO and am not eligible for any paid holidays.
- If benefit deductions are not taken from my PTO or STD payment, I will receive instructions on how to pay my benefits after 2 to 3 pay periods of missed deductions.

During my intermittent Family Medical Leave, I understand that:
- I am to report each absence to my manager in accordance with my department’s call in procedure.
- I am to advise my manager that the absence is related to my Intermittent FML.
- I must also report all Intermittent FML absences to CIGNA within 24 hours.

Employee Signature __________________________ Date ____________

3/12/2018
Completed form should be maintained in departmental file.
Disclosure Authorization

Claimant’s Name:

NOTE: This authorization is designed to comply with HIPAA and relates to information necessary to administer coverage and services under your employer’s employee health and welfare plan(s) ("the Plan") and similar or coordinating governmental benefits. You are not required to sign the authorization, but if you do not, the Plan, insurers or other providers of services or coverage under the Plan may not be able to process your request for Plan benefits, coverage or services.

AUTHORIZATION

I authorize any physician, medical professional or other health care provider, hospital or other medical facility; pharmacy; health plan; other medically related entity; rehabilitation professional; vocational evaluator; employee assistance plan; insurance company, reinsurer, health maintenance organization, third party administrator, broker or other insurance service provider, or similar entity; the Medical Information Bureau; the Association of Life Insurance Companies, which operates the Health Claims Index and the Disability Income Record System; government organization or agency, including the Social Security Administration; any of your social security disability advocates or representatives; financial institution, accountant or tax preparer; consumer reporting agency; and employer or group policyholder that has information about my health, prescriptions, financial, earnings or employment history, or other insurance claims and benefits to provide access to or copies of this information to the Plan and to any individual or entity who provides services to or insurance benefits on behalf of the Plan, including but not limited to the requesting company(ies) named below ("Company"). To the extent I may be eligible for governmental benefits similar to or that coordinate with those available to me under the Plan, I also authorize disclosure of information necessary to apply for or determine my eligibility for such benefits to the relevant government agency and/or vendor providing application assistance.

Information about my health may relate to any disorder of the immune system including but not limited to HIV and AIDS; use of drugs or alcohol; and mental and physical history, condition, advice or treatment, but does not include psychotherapy notes.

I understand that any information obtained with this authorization will be used for evaluating and administering my coverage, including any claim for benefits, or otherwise providing services related to or on behalf of the Plan, which may include, but is not limited to assisting me in returning to work and Plan administration. With respect to governmental benefits similar to or that coordinate with benefits available to me under the Plan, I understand that the information will be used to help determine my eligibility for any such benefits and may include assisting me in applying for the benefits. I understand that the information disclosed under this authorization is subject to redisclosure and may no longer be protected by certain federal regulations governing the privacy of health information, although it will continue to be protected by other applicable privacy laws and regulations.

If my employer, union, and/or group association sponsors any other plans, whether or not underwritten or administered by a Cigna company, the information and/or records obtained may also be shared with the underwriting company (insurer) or administrators of those other plans, including their internal or external health management, disease management, wellness, employee/member assistance program or other similar programs, for the purpose of administering any service, benefit or feature described in those plans.

For any claim for insurance benefits, this authorization is valid for the shorter of 24 months or the duration of my claim. For all other permitted disclosures, this authorization is valid for one (1) year from the date below. I am entitled to a copy of this authorization and a photographic or electronic copy of it is as valid as the original.

I understand that I do not have to give this authorization. If I choose not to give the authorization - or if I later revoke - I understand that the Plan, insurers, or other providers of services or benefits related to the Plan who rely on this authorization may not be able to evaluate or administer my request for Plan benefits, coverage or services and that my request for Plan benefits, coverage or services may be denied as a result. I may revoke this authorization by sending written notice to the Claim Manager handling my claim.

________________________________________________________________________
(Claimant’s Signature) (Date Signed)

________________________________________________________________________
(Print Name) (Date of Birth)

I signed on behalf of the claimant as (indicate relationship). If Power of Attorney Designee, Guardian, or Conservator, please attach a copy of the document granting authority.


617283 Rev. 03/2016
<table>
<thead>
<tr>
<th>TO:</th>
<th>FROM:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIGNA INSURANCE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FAX NUMBER:</th>
<th>PHONE NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>866.517.9871 – Claims prior to 11/13/17</td>
<td></td>
</tr>
<tr>
<td>866.472.3221 – Claims after 11/13/17</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RE:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>New LOA/STD Claim</td>
<td></td>
</tr>
</tbody>
</table>

****CONFIDENTIALITY NOTICE****

This facsimile transmission, including attachments to this cover page, is the property of Houston Methodist and/or its relevant affiliates and may contain confidential and privileged material for the sole use of the intended recipient(s). Any review, use, distribution, or disclosure by others is strictly prohibited. If you are not the intended recipient (or are not authorized to receive for the recipient), please contact the sender or reply to Houston Methodist at privacy@houstonmethodist.org and return all copies of the facsimile to Houston Methodist. The sender or privacy@houstonmethodist.org can provide you with mailing instructions. Otherwise, this facsimile may be destroyed using a cross-shredder.